



West Virginia Hospital Inpatient Data System

Data Element Specifications Guide for 5010 Format

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Version 1

West Virginia Hospital Inpatient Data System

Data Element Specifications Guide for 837i 5010

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Introduction

The West Virginia Hospital Inpatient Data System (WVHIDS) collects, processes, and analyzes inpatient discharge data that are collected by the West Virginia Health Care Authority (WVHCA). This Guide outlines specifications for the data elements that are required to be submitted to the WVHCA by all non-federal hospitals in the state. The table below defines the information that is contained in the data element tables presented in this Guide.

Refer to the *Data Collection Policies and Procedures* guide for hospital inpatient data reporting requirements. Additional technical documents are available to provide specific details regarding the data file layout and submission procedures. All data reporting and technical documentation can be accessed from the WVHCA website (<http://www.hca.wv.gov/fdhome/HosplnpatientData>) or from the Hospital Data Submission System (HDSS) (<https://hdss.s-3.net/Documentation>).

Data Element Specification Table Layout

Data Element Name

Description	A description or definition of the data element.
837i Guide	WVHCA/Social & Scientific Systems, Inc. 837i Companion Guide corresponding page number
UB-04 Element	Reference to the UB-04 Form Locator.
HDSS Field	Name of the data element as it appears in the West Virginia Hospital Data Submission System.
Format & Valid Codes	A description of the required format and accepted codes.
Edit Check Errors & Warnings	A list of the errors and/or warnings that may appear in the Hospital Data Submission System as a result of the edits checks performed on the data element. Warnings must be reviewed, and if possible, corrected prior to submission. Errors must be corrected before the data can be submitted.
Notes	Any special data submission or processing notes related to the data element.

Alphabetical Index of Data Elements

This table presents an alphabetical list of the data elements, their abbreviated field name in the Hospital Data Submission System (HDSS), and the page number of the corresponding data element specifications table in this Guide.

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I. Data Element Specifications – Submission/Processing Fields

HCA Batch Number

Description	Unique identifier for each batch of claims submitted to the Health Care Authority
837i Guide	Page 5
UB-04 Element	N/A
HDSS Field	BATNO
Format & Valid Codes	No standard format required
Edit Check Errors & Warnings	
Notes	<ul style="list-style-type: none">• It is recommended that all records within a batch contain the same batch number, assigned and formatted per hospital specifications.• It is recommended that a unique batch number be applied to each submitted batch. Should data have to be accessed at a later date for review or editing, a unique number will help to identify the appropriate batch.

HCA Batch Date

Description	Date the batch was created for submission to the Health Care Authority
837i Guide	Page 5
UB-04 Element	N/A
HDSS Field	BATDATE
Format & Valid Codes	Date formatted as YYYYMMDD
Edit Check Errors & Warnings	
Notes	

II. Data Element Specifications – Administrative Fields

Medicare Provider Number (CMS Certification Number)

Description	Medicare provider identification number indicating the type of service
837i Guide	Page 5
UB-04 Element	N/A
HDSS Field	PROV
Format & Valid Codes	<u>Digits 1-2</u> All WV provider numbers begin with '51' <u>Digit 3</u> 0 = Acute 1 = Critical Access Hospital (CAH) 2 = Long Term Acute Care Hospital (LTACH) 3 = Rehabilitation Hospital 4 = Psychiatric Hospital 5 = Skilled Nursing Facility (SNF) S = Psychiatric Unit T = Rehabilitation Unit U = Swing SNF Z = Swing SNF CAH <u>Digits 4-6</u> Unique numeric ID for each service provider
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E35 = Missing Medicare provider ID (Record Error)• E36 = Invalid Medicare provider ID (Record Error)• E43 = Medicare provider ID does not match bill type (Record Error)
Notes	<ul style="list-style-type: none">• All provider numbers for the facility must be registered in the HDSS prior to submission on a record.• All records that represent the same discharge (patient control number), must have the same provider number.

Federal Tax Number

Description	Number assigned to the billing provider by the federal government for tax reporting purposes
837i Guide	Page 5
UB-04 Element	FL 05
HDSS Field	FEIN
Format & Valid Codes	No standard format required
Edit Check Errors & Warnings	
Notes	

Bill Type Code

Description	Code indicating the specific type of bill
837i Guide	Page 5
UB-04 Element	FL 04
HDSS Field	BTYP
Format & Valid Codes	<p><u>Digit 1</u></p> <p>1 = Hospital 2 = Skilled Nursing</p> <p><u>Digit 2</u></p> <p>1 = Inpatient (Including Medicare Part A) 2 = Inpatient – Medicare Part B only 8 = Swing Bed</p> <p><u>Digit 3</u></p> <p>1 = Admit through Discharge Claims 2 = Interim – First Claim 3 = Interim – Continuing Claim 4 = Interim – Last Claim 5 = Late Charges Only 7 = Replacement of Prior Claim 8 = Void/Cancel of Prior Claim</p>
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E12 = Missing bill type (Record Error)• E13 = Invalid bill type (Record Error)
Notes	<ul style="list-style-type: none">• In the 837 format, the bill type code is submitted in two fields, but is displayed as one field in the HDSS.

Patient Control Number

Description	Unique identification number assigned to each discharge
837i Guide	Page 6
UB-04 Element	FL 03a
HDSS Field	PATNO
Format & Valid Codes	No standard format required
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E11 = Missing patient control number (Record Error)
Notes	<ul style="list-style-type: none">• The patient control number must be unique to each discharge.• The patient control number must be identical for all records/bills (including interim bills) representing a single inpatient stay.

Medical Record Number

Description	Number assigned to the patient's medical/health record by the provider
837i Guide	Page 5
UB-04 Element	FL 03b
HDSS Field	MRN
Format & Valid Codes	No standard format required
Edit Check Errors & Warnings	<ul style="list-style-type: none">E56 = Missing medical record number (Record Error)
Notes	<ul style="list-style-type: none">The patient control number identifies a single episode of care; the medical record number identifies a patient across multiple episodes of care.

Admission Type Code

Description	Code indicating the priority (type) of admission
837i Guide	Page 4
UB-04 Element	FL 14
HDSS Field	TYPEAD
Format & Valid Codes	Submit valid codes per NUBC Official UB-04 Data Specifications
Edit Check Errors & Warnings	<ul style="list-style-type: none">E22 = Missing type of admission (Record Error)E23 = Invalid type of admission (Record Error)B5 = Admission type identical on all records in batch (Batch Warning)E167 = Newborn but date of birth year does not match the data collection year (Record Error)
Notes	<ul style="list-style-type: none">For births occurring in the hospital, the admission type should be coded as '4.' This code requires the use of the newborn codes for source of admission.In accordance with WVHCA <i>Data Collection Policies and Procedures</i>, separate discharge records should be submitted for newborns and mothers.

Point of Origin (Admission Source Code)

Description	Code indicating the point of patient origin for the admission
837i Guide	Page 7
UB-04 Element	FL 15
HDSS Field	SRCE
Format & Valid Codes	Submit valid codes per NUBC Official UB-04 Data Specifications
Edit Check Errors & Warnings	<ul style="list-style-type: none">E24 = Missing point of origin/admission source (Record Error)E25 = Invalid point of origin/admission source (Record Error)B6 = Point of origin/admission source identical on all records in batch (Batch Warning)
Notes	<ul style="list-style-type: none">In accordance with WVHCA <i>Data Collection Policies and Procedures</i>, separate discharge records should be submitted for newborns and mothers. If TYPEAD = 4 then SRCE must be 5 or 6.

Admit from Emergency Room Condition Code

Description	Code indicating the patient was admitted directly from this facility's Emergency Room/Dept.
837i Guide	Page 4
UB-04 Element	FL 18-28
HDSS Field	CCODE
Format & Valid Codes	Submit a "P7" per NUBC Official UB-04 Data Specifications if the patient was admitted as an inpatient directly from the emergency room/department.
Edit Check Errors & Warnings	<ul style="list-style-type: none">• B161 = Questionable number of admissions from ER in batch (Batch Warning)• E162 = Invalid condition code (Record Error)• E163 = No Revenue Code of 045x (Record Error)• W164 = Missing P7 condition code (Record Warning)
Notes	

Admission Date

Description	Date of admission to hospital
837i Guide	Page 4
UB-04 Element	FL 12
HDSS Field	ADMIT
Format & Valid Codes	Date formatted as specified in the <i>WVHCA 837i Companion Guide</i>
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E20 = Missing admission date (Record Error)• E21 = Invalid admission date (Record Error)
Notes	<ul style="list-style-type: none">• In the HDSS, admission date is formatted as MM/DD/YYYY.

Statement Coverage Dates

Description	Dates of the service period included on the bill
837i Guide	Page 8
UB-04 Element	FL 06
HDSS Field	SDATE = Beginning date of service (From) EDATE = Ending date of service (Through)
Format & Valid Codes	Dates formatted as specified in the <i>WVHCA 837i Companion Guide</i>
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E0 = Discharge date prior to current reporting year (Record Error)• E14 = Missing statement covers period (Record Error)• E15 = Invalid statement covers period (Record Error)• E41 = Discharge date later than today (Record Error)
Notes	<ul style="list-style-type: none">• In the 837i format, the statement coverage dates are required to be submitted as one field, but are presented in the HDSS as two separate fields.

Patient Status Code

Description	Code indicating the status of the patient at the end of the service period covered on this bill
837i Guide	Page 7
UB-04 Element	FL 17
HDSS Field	PSTAT
Format & Valid Codes	Submit valid codes per NUBC Official UB-04 Data Specifications
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E26 = Missing patient discharge status (Record Error)• E27 = Invalid patient discharge status (Record Error)• B7 = Patient status identical on all records in batch (Batch Warning)
Notes	

NPI Billing Provider

Description	Unique national provider identification number assigned to the provider submitting the bill
837i Guide	Page 5
UB-04 Element	FL 56
HDSS Field	NPI
Format & Valid Codes	10 character National Provider Identifier
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E54 = Missing NPI (Record Error)
Notes	

NPI Attending Physician

Description	Unique national provider identification number assigned to the attending provider
837i Guide	Page 5
UB-04 Element	FL 76
HDSS Field	NPI_ATT
Format & Valid Codes	10 character National Provider Identifier
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E55 = Missing NPI attending physician (Record Error)
Notes	<ul style="list-style-type: none">• The attending provider is the individual who had overall responsibility for the patient's medical care and treatment reported in the claim.

NPI Operating Physician

Description	Unique national provider identification number assigned to the operating physician
837i Guide	Page 6
UB-04 Element	FL 77
HDSS Field	NPI_OP
Format & Valid Codes	10 character National Provider Identifier
Edit Check Errors & Warnings	<ul style="list-style-type: none">W90 = Missing NPI operating physician (Record Warning)
Notes	<ul style="list-style-type: none">The operating physician is the individual with the primary responsibility for performing the surgical procedure(s).

NPI Other Physician(s)

Description	Unique national provider identification number assigned to other physicians involved in care
837i Guide	Page 6
UB-04 Element	FL 78, FL 79
HDSS Field	NPI_OTH1, NPI_OTH2
Format & Valid Codes	10 character National Provider Identifier
Edit Check Errors & Warnings	<ul style="list-style-type: none">W72 = Missing NPI other physician 1 (Record Warning)W73 = Missing NPI other physician 2 (Record Warning)
Notes	<ul style="list-style-type: none">NPIs for two additional physicians can be submitted.

NPI Rendering Provider

Description	Unique national provider identification number assigned to the rendering provider.
837i Guide	Page 6
UB-04 Element	FL 78, FL 79
HDSS Field	NPI_REND
Format & Valid Codes	10 character National Provider Identifier
Edit Check Errors & Warnings	
Notes	Send if available.

III. Data Element Specifications – Charge Fields

Payer Code(s)

Description	Codes indicating the primary, secondary, and tertiary payers billed for the service
837i Guide	Page 7
UB-04 Element	FL 50
HDSS Field	NPAYOR1, NPAYOR2, NPAYOR3
Format & Valid Codes	Submit WVHCA payer codes as defined in the <i>WVHCA Payer Coding Specifications</i>
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E33 = Missing primary payer (Record Error)• E34 = Invalid primary payer (Record Error)• E48 = Invalid second or third payer (Record Error)• B2 = Missing secondary payer on all records in batch (Batch Warning)• W165 = Questionable Medicare payer (Record Warning)
Notes	<ul style="list-style-type: none">• Secondary and tertiary payer codes are required to be submitted when other payers are known to potentially be involved in paying the claim.• In the event of an W165 Warning, only change primary payer to Medicare if valid.

Total Claim Charges

Description	Total charges billed for the services included on the bill
837i Guide	Page 8
UB-04 Element	N/A
HDSS Field	See Notes below
Format & Valid Codes	Dollar amount - 15 character max (including decimal point). If the decimal point is not submitted, it will be interpreted that the charge is a whole dollar amount. For example, '30025' = \$30,025.00 '300.25' = \$300.25
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E29 = Missing total charge (Record Error)• E30 = Invalid total charge (Record Error)• E40 = Multiple reported total charges (Record Error)• W67 = Questionable total charges (Record Warning)
Notes	<ul style="list-style-type: none">• The charge amount submitted in this field will be presented in the HDSS as the Total Claim Charges (TCHG).

Accommodation/Ancillary Revenue Codes

Description	Codes identifying specific accommodation and ancillary services provided
837i Guide	Page 4
UB-04 Element	FL 42
HDSS Field	RMRC1 – RMRC999 = Accommodation/Room Revenue Codes ANRC1 – ANRC999 = Ancillary Revenue Codes
Format & Valid Codes	Submit valid codes per NUBC Official UB-04 Data Specifications
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E28 = Missing revenue code (Record Error)• E44 = Invalid revenue code (Record Error)• B8 = No revenue code 174 for any NICU discharge in batch (Batch Warning)
Notes	<ul style="list-style-type: none">• All revenue codes are listed in the HDSS on the Revenues tab.• Revenue codes 70-219 are labeled as accommodation/room services in the master database; Revenue codes less than 70 or greater than 219 are labeled as ancillary services in the master database.• A maximum of 999 accommodation charges (and corresponding revenue codes and units) and 999 ancillary charges (and corresponding revenue codes and units) can be submitted.

Accommodation/Ancillary Units

Description	Service quantity pertaining to the corresponding revenue code
837i Guide	Page 4
UB-04 Element	FL 46
HDSS Field	RMU1 – RMU999 = Accommodation/Room Service Units ANU1 – ANU999 = Ancillary Service Units
Format & Valid Codes	Number of units
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E45 = Missing units of service (Record Error)• E46 = Invalid units of service (Record Error)
Notes	<ul style="list-style-type: none">• A maximum of 999 accommodation charges (and corresponding revenue codes and units) and 999 ancillary charges (and corresponding revenue codes and units) can be submitted.

Accommodation/Ancillary Charges

Description	Total charges pertaining to the corresponding revenue code
837i Guide	Page 4
UB-04 Element	FL 47
HDSS Field	RMCHG1 – RMCHG999 = Accommodation/Room Charges ANCHG1 – ANCHG999 = Ancillary Charges
Format & Valid Codes	Dollar amount - 15 character max (including decimal point). If the decimal point is not submitted, it will be interpreted that the charge is a whole dollar amount. For example, '30025' = \$30,025.00 '300.25' = \$300.25
Edit Check Errors & Warnings	<ul style="list-style-type: none"> • E31 = Missing revenue charge (Record Error) • E32 = Invalid revenue charge (Record Error) • E158 = Excess ancillary charge filed count (Record Error) • E160 = Excess room charge field count (Record Error)
Notes	<ul style="list-style-type: none"> • A maximum of 20 accommodation charges (and corresponding revenue codes and units) and 99 ancillary charges (and corresponding revenue codes and units) can be submitted. • The sum of the revenue charges is displayed in the HDSS on the Revenues tab.

Principal Diagnosis Code

Description	Code indicating the condition determined to be chiefly responsible for the admission
837i Guide	Page 5
UB-04 Element	FL 67
HDSS Field	DIAG1
Format & Valid Codes	ICD-9-CM Diagnosis Codes
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E37 = Missing principal diagnosis (Record Error)• E38 = Invalid principal diagnosis (Record Error)• E66 = Duplicate diagnosis code (Record Error)
Notes	

Other Diagnosis Code(s)

Description	Codes corresponding to additional/secondary conditions related to the admission
837i Guide	Page 5
UB-04 Element	FL 67A-Q
HDSS Field	DIAG2 – DIAG24
Format & Valid Codes	ICD-9-CM Diagnosis Codes
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E49 = Invalid secondary diagnosis (Record Error)• B3 = Missing secondary diagnosis on >40% records in batch (Batch Warning)• E66 = Duplicate diagnosis code (Record Warning)
Notes	<ul style="list-style-type: none">• Report additional conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay.• Up to 24 secondary diagnosis codes can be submitted.

Present on Admission (POA) Code(s)

Description	Present on admission code corresponding to a diagnosis code
837i Guide	Page 7
UB-04 Element	FL 67, FL67 A-Q
HDSS Field	POA1 – POA25
Format & Valid Codes	<p><i>*Refer to the 837i documentation for details regarding the format of the POA field.</i></p> <p><i>*Refer to ICD-9-CM Official Guidelines for additional code descriptions and instructions.</i></p> <p>Y = Yes (Diagnosis was present at the time of inpatient admission)</p> <p>N = No (Diagnosis was not present at the time of inpatient admission)</p> <p>U = No Information in the Record (Documentation insufficient to determine if condition was present at the time of inpatient admission)</p> <p>W = Clinically Undetermined (Provider unable to clinically determine whether condition was present at the time of inpatient admission)</p> <p>Blank/null = Exempt from present on admission reporting</p>
Edit Check Errors & Warnings	<ul style="list-style-type: none"> • E155 = Invalid POA (Record Error) • E156 = Missing diagnosis when POA reported (Record Error)
Notes	<ul style="list-style-type: none"> • WVHCA requires POA reporting in accordance with ICD-9-CM and CMS official coding and reporting guidelines. CMS POA website: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-LN/MLNMattersArticles/downloads/MM7280.pdf • Per ICD-9-CM and CMS guidelines, some hospitals and diagnosis codes are exempt from POA reporting. Medicare Provider numbers with the first 3 digits of 511, 512, 513, 514, 515, 51S, 51T, 51U, or 51Z are exempt. Although it is not required, exempt hospitals are strongly encouraged to submit POA information to the WVHCA. • Hospitals exempt from POA reporting will submit a blank/null for all corresponding diagnosis fields that were submitted. A POA value of '1' is no longer allowed. • Non-exempt hospitals with exempt diagnosis codes must submit a blank/null for the corresponding diagnosis fields that were exempt. A '1' is no longer allowed.

External Cause of Injury Code

Description	Code pertaining to external cause of injuries, poisoning, or adverse effect
837i Guide	Page 5
UB-04 Element	FL 72a-c
HDSS Field	ECODE
Format & Valid Codes	ICD-9-CM Codes
Edit Check Errors & Warnings	<ul style="list-style-type: none"> W70 = Invalid external cause of injury code (Record Warning) W88 = Missing external cause of injury code when injury diagnosis reported (Record Warning)
Notes	<ul style="list-style-type: none"> Required when an injury, poisoning, or adverse effect is the cause for seeking medical treatment.

External Cause of Injury POA Code

Description	Code indicating present on admission status of external cause of injuries, poisoning, or adverse effect
837i Element	Page 5
UB-04 Element	FL 72a-c
HDSS Field	EPOA
Format & Valid Codes	<p><i>*Refer to the 837i documentation for details regarding the format of the POA field.</i></p> <p><i>*Refer to ICD-9-CM Official Guidelines for additional code descriptions and instructions.</i></p> <p>Y = Yes (Diagnosis was present at the time of inpatient admission)</p> <p>N = No (Diagnosis was not present at the time of inpatient admission)</p> <p>U = No Information in the Record (Documentation insufficient to determine if condition was present at the time of inpatient admission)</p> <p>W = Clinically Undetermined (Provider unable to clinically determine whether condition was present at the time of inpatient admission)</p> <p>Blank/null = Exempt from present on admission reporting</p>
Edit Check Errors & Warnings	<ul style="list-style-type: none"> E159 = Invalid external cause of injury POA (Record Error)
Notes	<ul style="list-style-type: none"> WVHCA requires POA reporting in accordance with ICD-9-CM and CMS official coding and reporting guidelines. CMS POA website: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-LN/MLNMattersArticles/downloads/MM7280.pdf Per ICD-9-CM and CMS guidelines, some hospitals and diagnosis codes are exempt from POA reporting. Medicare Provider numbers with the first 3 digits of 511, 512, 513, 514, 515, 51S, 51T, 51U, or 51Z are exempt. Although it is not required, exempt hospitals are strongly encouraged to submit POA information to the WVHCA. Hospitals exempt from POA reporting will submit a blank/null for all corresponding diagnosis fields that were submitted. A POA value of '1' is no longer allowed. Non-exempt hospitals with exempt diagnosis codes must submit a blank/null for the corresponding diagnosis fields that were exempt. A '1' is no longer allowed.

Auto Accident State Code

Description	State abbreviation code where the auto accident occurred
837i Guide	Page 5
UB-04 Element	FL 29
HDSS Field	ACCSTATE
Format & Valid Codes	Two-digit state abbreviation
Edit Check Errors & Warnings	<ul style="list-style-type: none">W89 = Missing auto accident state (Record Warning)
Notes	<ul style="list-style-type: none">Required when the services reported on the claim are related to an auto accident.

Admitting Diagnosis Code

Description	Code indicating the diagnosis at the time of admission
837i Guide	Page 5
UB-04 Element	FL 69
HDSS Field	ADMITDX
Format & Valid Codes	ICD-9-CM Codes
Edit Check Errors & Warnings	<ul style="list-style-type: none">E53 = Missing admitting diagnosis (Record Error)E157 = Invalid admitting diagnosis (Record Error)
Notes	

Principal Procedure Code

Description	Code identifying the inpatient principal procedure performed during the service period
837i Guide	Page 7
UB-04 Element	FL 74
HDSS Field	PROC1
Format & Valid Codes	ICD-9-CM Procedure Codes
Edit Check Errors & Warnings	<ul style="list-style-type: none">E39 = Invalid principal procedure (Record Error)W87 = Missing procedure code (Record Warning)E60 = Principal procedure reported but principal procedure date missing (Record Error)E61 = Principal procedure date with no corresponding principal procedure (Record Error)
Notes	<ul style="list-style-type: none">Required when a procedure was performed.

Principal Procedure Date

Description	Date corresponding to the principal procedure code
837i Guide	Page 8
UB-04 Element	FL 74
HDSS Field	PROC1DATE
Format & Valid Codes	Dates formatted as specified in the <i>WVHCA 837i Companion Guide</i>
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E60 = Principal procedure reported but principal procedure date missing• E61 = Principal procedure date with no corresponding principal procedure
Notes	

Other Procedure Code(s)

Description	Codes identifying additional significant procedures performed during the service period
837i Guide	Page 8
UB-04 Element	FL 74a-e
HDSS Field	PROC2 – PROC12
Format & Valid Codes	ICD-9-CM Procedure Codes
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E51 = Invalid secondary procedure code (Record Error)• E63 = Other procedure reported but corresponding procedure date missing (Record Error)• E64 = Other procedure date with no corresponding other procedure (Record Error)
Notes	<ul style="list-style-type: none">• Required when additional procedures were performed.• Report all (up to 12) additional procedures that were most important for the episode of care and specifically any therapeutic procedures closely related to the principal diagnosis.

Other Procedure Dates

Description	Dates corresponding to other procedure codes
837i Guide	Page 8
UB-04 Element	FL 74 a-e
HDSS Field	PROC2DATE – PROC12DATE
Format & Valid Codes	Dates formatted as specified in the <i>WVHCA 837i Companion Guide</i>
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E63 = Other procedure reported but corresponding procedure date missing (Record Error)• E64 = Other procedure date with no corresponding other procedure (Record Error)• E65 = Other procedure date not in the data collection year (Record Error)
Notes	

IV. Data Element Specifications – Patient Demographic Fields

Patient Gender Code

Description	Sex of the patient as recorded at admission
837i Guide	Page 6
UB-04 Element	FL 11
HDSS Field	SEX
Format & Valid Codes	M = Male F = Female U = Unknown
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E18 = Missing patient sex (Record Error)• E19 = Invalid patient sex (Record Error)
Notes	

Patient Birth Date

Description	Date of birth of the patient
837i Guide	Page 6
UB-04 Element	FL 10
HDSS Field	DOB
Format & Valid Codes	Date formatted as YYYYMMDD
Edit Check Errors & Warnings	<ul style="list-style-type: none">• E16 = Missing patient birth date (Record Error)• E17 = Invalid patient birth date (Record Error)• E167 = Newborn but date of birth year does not match the data collection year
Notes	

Patient Race & Ethnicity Code

Description	Race and ethnicity as reported by the patient
837i Guide	Page 7
UB-04 Element	N/A
HDSS Field	RACE
Format & Valid Codes	<p>Submit WVHCA valid codes as outlined below.</p> <p>1 = White and Non-Hispanic 2 = White and Hispanic/Latino 3 = White and Unknown Ethnicity 4 = Black and Non-Hispanic 5 = Black and Hispanic/Latino 6 = Black and Unknown Ethnicity 7 = Asian 8 = Native Hawaiian or Other Pacific Islander 9 = American Indian or Alaska Native M = Multiple Races and Non-Hispanic R = Multiple Races and Hispanic/Latino S = Multiple Races and Unknown Ethnicity T = Unknown Race and Hispanic/Latino Y = Other U = Unknown</p>
Edit Check Errors & Warnings	<ul style="list-style-type: none"> • E150 = Missing Race/Ethnicity (Record Error) • E151 = Invalid Race/Ethnicity (Record Error)
Notes	<ul style="list-style-type: none"> • New race and ethnicity codes were required with the implementation of the WVHCA 837i 4010 file format.. They are continued with the 837i 5010 file format.

Patient Zip Code

Description	Zip code where the patient resides
837i Guide	Page 7
UB-04 Element	FL 09 subset
HDSS Field	ZIP
Format & Valid Codes	Five digit postal zip code
Edit Check Errors & Warnings	<ul style="list-style-type: none"> • W60 = Missing ZIP code (Record Warning) • W61= Invalid ZIP code (Record Warning) • B1 = Missing or invalid ZIP on >10% of records in batch (Batch Warning)
Notes	

Patient First Name

Description	First name of the patient
837i Guide	Page 6
UB-04 Element	FL 08
HDSS Field	N/A
Format & Valid Codes	Submit per NUBC Official UB-04 Data Specifications
Edit Check Errors & Warnings	
Notes	This field will not be visible or editable on the HDSS, and it will not appear on any reports.

Patient Last Name

Description	Last name of the patient
837i Guide	Page 6
UB-04 Element	FL 08
HDSS Field	N/A
Format & Valid Codes	Submit per NUBC Official UB-04 Data Specifications
Edit Check Errors & Warnings	
Notes	This field will not be visible or editable on the HDSS, and it will not appear on any reports.

Patient Name Suffix

Description	Patient name suffix
837i Guide	Page 7
UB-04 Element	FL 08
HDSS Field	N/A
Format & Valid Codes	Submit per NUBC Official UB-04 Data Specifications
Edit Check Errors & Warnings	
Notes	This field will not be visible or editable on the HDSS, and it will not appear on any reports.

Patient Address Line

Description	Patient address line, street address or PO Box
837i Guide	Page 6
UB-04 Element	FL 09
HDSS Field	N/A
Format & Valid Codes	Submit street address per NUBC Official UB-04 Data Specifications
Edit Check Errors & Warnings	
Notes	This field will not be visible or editable on the HDSS, and it will not appear on any reports.

Patient City Name

Description	Patient address line, city name
837i Guide	Page 6
UB-04 Element	FL 09
HDSS Field	N/A
Format & Valid Codes	Submit city name per NUBC Official UB-04 Data Specifications
Edit Check Errors & Warnings	
Notes	This field will not be visible or editable on the HDSS, and it will not appear on any reports.

Patient State

Description	Patient address line, state abbreviation
837i Guide	Page 7
UB-04 Element	FL 09
HDSS Field	N/A
Format & Valid Codes	Submit state per NUBC Official UB-04 Data Specifications
Edit Check Errors & Warnings	
Notes	This field will not be visible or editable on the HDSS, and it will not appear on any reports.

Patient SSN

Description	Patient social security number
837i Guide	Page 7
UB-04 Element	N/A
HDSS Field	N/A
Format & Valid Codes	Submit social security number with no spaces or dashes.
Edit Check Errors & Warnings	N/A
Notes	If unknown, put 999999999. This field will not be visible or editable on the HDSS, and it will not appear on any reports.